



INNAGURAL 5K Walk/Fun Run

To Support Los Angeles Youth Ballet Theatre and Theatrics Dance Company

When: August 30, 2015 8:00 am

Where: Woodley Park (section 1 Woodley Ave just south of Victory Blvd)

Address: 6335 Woodley Ave., Van Nuys, CA

Cost: \$35 per Athlete (includes finisher medal and goodie bag)

Course map: The course is super easy to follow. It will consist of one counter clockwise loop around the path that will be marked. Easy out and back course with one small hill about .4 miles from the start.

<http://www.gmap-pedometer.com/?r=6152393>

All participants will receive a finishers medal as well as a goodie bag. We will have bananas, snacks, water, etc. As this is a charity event we do not offer any special awards or t-shirts. (Note: This is not your normal large festival like race).

CLICK HERE FOR MAIL IN REGISTRATION FORM AND RELEASE OF LIABILITY WAIVER (or See Reverse side)

Bib Pick Up - 7:15AM-8:00AM

Start Time - 8:00AM SHARP!!

Start Map - Please see image below

Parking - Parking will start in the parking lot off of Woodley Ave. and Victory Blvd. Please be cautious crossing Woodley Ave to the golf course area of the park.



RELEASE & WAIVER OF LIABILITY AGREEMENT

In consideration of the opportunity to participate in the Los Angeles Youth Ballet Theatre & Theatrics Dance Company Inaugural 5k Walk/Fun Run related events and activities, including, without limitation, the walk and/or run (the "Events"), the named participant ("Athlete") agrees as follows: Athlete acknowledges that he/she is aware of the inherent risks involved in a strenuous and hazardous athletic event of these types, and Athlete voluntarily assumes these risks. Athlete attests and verifies that Athlete is physically fit and Athlete has sufficiently trained for the completion of the above-referenced Events in which Athlete participates and that Athlete's physical condition has been verified by a medical doctor. Athlete agrees, on his/her own behalf and on behalf of Athlete's heirs, estate, successors and assigns, to indemnify and hold harmless Los Angeles Ballet Academy, Los Angeles Youth Ballet Theatre and Theatrics Dance Company, the City of Los Angeles, City of Van Nuys), any and all municipal agencies and departments whose property and/or personnel are used or in any way assist, and all producers, sponsors, co-sponsors, advertisers, organizers, volunteers and/or contractors of any of the Events in which Athlete may participate, and all employees, principals, directors, shareholders, agents, members, managers, affiliates, representatives, and insurers of each of the foregoing (collectively, the "Released Parties") against, any lawsuits, claims, or expenses (including attorneys' fees), whether arising from the negligence of any of the Released Parties or otherwise; and Athlete fully and forever waives and releases any and all rights and claims for any injuries (including death), or any other liability, to the fullest extent permitted by law, that Athlete has or may have against any of the Released Parties relating to Athlete's participation in any Event as a contestant or volunteer. Athlete acknowledges that the RELEASED PARTIES MAKE NO WARRANTY, EXPRESS OR IMPLIED, REGARDING THE EVENT and agrees that the Released Parties will not, under any circumstance, be liable for consequential, indirect, special or similar damages. Athlete acknowledges that this Release & Waiver of Liability Agreement will be used by the Released Parties and that it governs the legal rights and responsibilities of both Athlete and the Released Parties. Further, Athlete hereby grants to Los Angeles Ballet Academy, Los Angeles Youth Ballet Theatre and Theatrics Dance Company the worldwide right in perpetuity to use Athlete's name, Athlete's voice, and/or Athlete's picture in any broadcast, telecast, advertising, promotion, or other account of the Events in any form and for any purpose, without compensation or approval. Los Angeles Ballet Academy, Los Angeles Youth Ballet Theatre and Theatrics Dance Company reserves the right to reject any entry, and further reserves the right to change the details of the Events without prior notice. If any Event is canceled by Los Angeles Ballet Academy, Los Angeles Youth Ballet Theatre and Theatrics Dance Company due to circumstances beyond its reasonable control or as a result of governmental action, Los Angeles Ballet Academy, Los Angeles Youth Ballet Theatre and Theatrics Dance Company shall have no obligation to refund Athlete's entry fee or any other cost Athlete may have incurred in connection with such Events. Athlete consents to treatment in the event of an emergency or other incident in which, in the reasonable judgment of the on-site personnel, Athlete requires medical care. It is understood and agreed that Athlete hereby assumes all liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that the Released Parties have relied on them in allowing Athlete's participation in the Events.

ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, AND UNDERSTANDS THAT ATHLETE IS ASSUMING THE RISK OF, AND RELEASING AND HOLDING HARMLESS THE RELEASED PARTIES IN CONNECTION WITH ATHLETE'S PARTICIPATION IN THE EVENTS.

IF ATHLETE IS UNDER AGE 18, HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE & WAIVER OF LIABILITY AGREEMENT. Such Parent's or Guardian's signature below certifies that his/her son/daughter/ward has permission to participate in the Event(s). Athlete's Parent/Guardian has read and understands the foregoing RELEASE & WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that such son/daughter/ward is in good physical condition and is able to safely participate in the Event. Athlete's Parent/Guardian hereby authorizes medical treatment for such son/daughter/ward and grants access to such child's medical records as necessary and as stated above.

Name: _____

Signature: _____

Date: _____

Participant Info for Mail in or Same Day Registration:

Age: _____ Date of Birth: _____

Email: _____

For credit card payments:

Name on Card: _____

Credit card #: _____

Security code: _____ Exp. Date: _____ Billing zip code: _____

For check payments, please make payable to: Team Theatrics,